Periscope.

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From the German:
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WILLIAM C. KRAUSS, M.D., Buffalo, N. Y.

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E. P. HURD, M.D., Newburyport, Mass.

From the German, Italian, French and Russian:
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From the English and American:
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The Editor will not accept as ORIGINAL ARTICLES and CLINICAL CASES those that have appeared elsewhere.

Authors are requested to make none but typographical corrections on the proof sent to them. The manuscript must represent the final form in which the article is to be printed.

PATHOLOGICAL.

The Pathological Anatomy of Paralysis Agitans and of the Nervous System in Senility. —In three typical cases of paralysis agitans, the central and peripheral nervous system, and also the muscles, were carefully examined by Ketscher at Prof. Chiari's Institute in Prague. Pathological changes were found in every case. Atrophy of all the tissue elements was present in varying degrees, and the ganglion cells in the brain were markedly pigmented and had undergone disintegration. The nerve fibres in the cord were almost completely degenerated, this being especially marked in the posterior columns and also in the peripheral nerves. Muscular fibres partly atrophic and undergoing hyalin degeneration. Increase of connective tissue in the cord, peripheral nerves and muscles. There is neuroglia sclerosis in the cord affecting mostly the cortical layer and the blood vessels. This is more marked, however, in the posterior and lateral columns. There are also pronounced changes in the blood vessels, their walls being thickened and the adventitial sheath distended and infiltrated with round cells. Miliary aneurisms and hæmorrhages are found scattered throughout the cord, particularly in the lumbar portion.

As a control experiment, he examined the nervous system of ten old people who had never suffered from paralysis agitans. The changes revealed differed only slightly from those found in paralysis agitans, in which the same lesions were more pronounced. He agrees with those who claim that p. agitans is nothing more than an expression of an abnormally high degree or form of premature senility of the nervous system. He is of the opinion that the primary changes occur in the vascular system, and that the nerve changes are secondary. (*Neurolog. Centbl.*, No. 5, 1893). W. M. L.

CLINICAL.

A Case of Hemianæsthesia without Hemiplegia, following Injury.—Some time since, Reymond showed to the Anatomical Society of Paris the brain of a man 26 years of age, illustrative of the above condition. The patient shot himself in the right parietal region, with the ball of a revolver, about 7 cm. behind the orbital apophysis. There was no loss of consciousness, sensibility or mobility. Three days afterward the wound was explored, and a small bit of bone was removed, but the bullet remained within the cranium. Then developed left hemianæsthesia, slight anælgesia, muscular incoördination of the left side, delerium, coma and death about ten days afterward. The autopsy showed the dura mater adherent to the skull at the opening where the bullet entered. The orifice of the bullet corresponded to the fissure of Sylvius. On horizontal section of the brain it was seen that the trajection of the ball was obliquely on the right hemisphere, from the fissure of Sylvius to the occipital fissure on the internal face of the hemisphere. This pathway was dilated in front, and the middle part was situated on the posterior part of the optic tract, the corpus stratum and internal capsule. The white substance situated immediately in front of the internal capsule, and corresponding to the sensory crossway, was destroyed. On vertical section the pathway